

APPENDIX A
Pathways to Postsecondary
Indiana Career Majors
Cover Page

1. Funding Request

Requested Amount:	
School(s) involved:	
Student Population:	
% of students served	

2. Designated Grantee/Fiscal Agent

Organization Name:	
Address:	
City:	
State:	
Zip + 4:	
County:	
Telephone Number:	
Fax Number:	
Email Address:	

3. Contact Person

First Name:	
Last Name:	
Title:	
Organization:	
Address:	
City:	
State:	
Zip + 4:	
Telephone Number:	
Fax Number:	
Email Address:	

4. Mentors

<i>For planning and implementation applicants only</i>	
Are interested in being mentored by a more experienced school?	YES / NO

APPENDIX B

BUDGET GUIDELINES

Applicants must provide a budget and detailed budget narrative that breaks down use of requested funds. The budget narrative must include the basis for estimating the costs of professional personnel salaries, benefits, travel (estimated airfare, mileage, number of nights for hotel and per diem expenses), materials and supplies, equipment, consultants and subcontracts. The only line item that does not require a detailed narrative is administration. Administration funds are to be used to administer the grant.

The following line items will be accepted for use of funds:

- **Administration** - for administration of grant. To calculate, add up all line items, take up to five percent (5%) of line item total.
- **Salaries and Benefits** - includes stipends for professional development, and common planning time for teachers and faculty to integrate curriculum for staff working for the fiscal agent. Include the number of hours at approximate rate, and benefits.
- **Contracted Services** - may include consultants for professional development and technical support (including organizing and facilitating professional development opportunities for teachers, faculty and counselors, consortia meetings, work-based learning opportunities, curriculum development, etc.), stipends for consortia members that are not employed by the fiscal agent and other contracts for services.
- **Materials and Supplies** - break down requested items
- **Travel** - State travel guidelines must be used when calculating travel, meals, and lodging (mileage at .40/mile, in-state hotel accommodations at \$79.00 (\$83.00 for Indianapolis) plus tax maximum, out-of-state hotel accommodations at best available rate, per diem at \$26.00/day in-state (\$6.50 for breakfast, \$6.50 for lunch, and \$13.00 for dinner) and \$32.00/day out-of- state (\$8.00 for breakfast, \$8.00 for lunch, and \$16.00 for dinner).
- **Equipment** - up to \$15,000 for planning sites, \$25,000 for implementation sites and \$20,00 for mentor sites for instructional equipment may be included if justified in the proposal and are deemed necessary for the creation or replication of the program.
- **Professional Development** - include tuition and conference registration fees.

ADDITIONAL NOTES: Please round budgeted amounts up to the nearest dollar.

Expenditures on promotional materials such as t-shirts, pens, billboards, plaques, bags, and pencils are not allowable.

LINE ITEM CHANGES: Line item changes of 20% or less may be made one time during the grant period without prior approval of the State. Changes in wages, salaries and fringes must be approved by the State. Administration costs may not exceed five percent (5%). Email justification and new budget and budget narrative to fcx@dwd.in.gov.

TECHNOLOGY PREPARATION

YEAR OF FUNDS P 06

CFDA #: 84.243

FEDERAL AGENCY: USDOE

FUNCTION	OBJ/SUBJ	COST CATEGORY PROJECT CODE	BUDGET
700	7509	ADMINISTRATIVE COST	
700	7510	SALARIES/BENEFITS	
700	7511	CONTRACT SERVICES	
700	7512	TRAVEL	
700	7515	MATERIALS & SUPPLIES	
700	7546	EQUIPMENT PURCHASES	
700	7557	PROFESSIONAL DEVELOPMENT	
700	7517	MISCELLANEOUS	
TOTAL			

APPENDIX C

CONSORTIUM AGREEMENT

(Make copies to include additional members)

Briefly describe role of secondary school representative:

_____	_____
Secondary School Name	Signature of Authorized Representative
_____	_____
Date	Typed or Printed Name and Title

Briefly describe role of postsecondary institution representative:

_____	_____
Postsecondary Institution Name	Signature of Authorized Representative
_____	_____
Date	Typed or Printed Name and Title

Briefly describe role of employer partner:

_____	_____
Employer Organization Name	Signature of Authorized Representative
_____	_____
Date	Typed or Printed Name and Title